



A- WORKPLACE VIOLENCE REPORTING FORM

THIS FORM IS TO BE USED TO IDENTIFY AN INCIDENT, THREAT OR CONCERN RELATED TO WORKPLACE VIOLENCE. THIS FORM BRINGS THE ISSUE TO THE ATTENTION OF THE MANAGEMENT.

IT IS ILLEGAL FOR THE EMPLOYER TO TAKE ACTION AGAINST AN EMPLOYEE FOR MAKING SUCH A REPORT. THE EMPLOYER MUST INVESTIGATE THE REPORT AND EXPLAIN TO EMPLOYEES THE ACTION TAKEN AND ANY SUBSEQUENT ACTIONS, AS NECESSARY.

To be completed by the individual investigating the incident. Return completed form within 2 days following incident to ryoung@lakecoe.org. **Attach witness statements to this form.**

Report submitted by:	Date:
General Description:	Phone:

Date of Incident:	Time:
Address/Location of Incident:	

Individuals involved in the incident (use additional sheet(s) if necessary)

Name:	Name:
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant
Job Title:	Job Title:
Department:	Department:
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:



At Workplace, Indoors (Please Include Bldg. Name/Room No.)	At Workplace, Outdoors (Please Specify)	Other Area (Please Explain)
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Classification of Incident (Select One)

<ul style="list-style-type: none"> Type 1 Committed by a person who has no legitimate purpose at the worksite. 	<ul style="list-style-type: none"> Type 2 Committed by a person who does have a legitimate purpose at the worksite 	<ul style="list-style-type: none"> Type 3 Committed by a present or former employee, supervisor, or manager. 	<ul style="list-style-type: none"> Type 4 Committed by a person who does not work at the workplace, but has or is known to have had a relationship with an employee.
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Classification/Type of Incident Location (Select One)

<input type="checkbox"/> Physical Attack – no weapon/object
<input type="checkbox"/> Physical Attack – with weapon/object
<input type="checkbox"/> Threat of physical force and/or threat of use of a weapon/object
<input type="checkbox"/> Physical Assault - Hitting, fighting, pushing, or shoving
<input type="checkbox"/> Sexual assault/threat (incl. rape, attempted rape, physical display, or unwanted verbal/physical sexual contact)
<input type="checkbox"/> Other (specify)

How was the incident communicated? (Check one or more)

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify)				



Initial Response or Follow up Activity: (Check all that apply)

<input type="checkbox"/> Situation defused	<input type="checkbox"/> Medical notified
<input type="checkbox"/> Security called	<input type="checkbox"/> Law Enforcement notified If Yes, Name of Agency and Report Number:
<input type="checkbox"/> First Aid Received?	<input type="checkbox"/> Employee Assistance Program Resources Provided?
<input type="checkbox"/> Other (specify)	

Describe Incident in Detail

Include what happened, where, who was involved, what you heard, saw, etc. Also include the circumstances at time of incident (i.e.: was the employee completing usual job duties, was the area poorly lit, was the work being rushed, was the employee working during a low staffing level, was the employee isolated/alone, was the employee able to get help/assistance, was the employee working in a community setting, was the employee working in an unfamiliar/new location, other – please explain).



List Names of Other Witnesses

Signature

Date

Person Receiving Witness Statement

Date

Routing

<i>Yes</i>	<i>No</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	Director of Operations		
<input type="checkbox"/>	<input type="checkbox"/>	Human Resources		

Upon completion of investigation, attach a findings/follow-up document to this form.